

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
291936697
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	1					
7	①					
8	/					
9	/					
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TOTAL IND.	3		3			
TOTAL DEP.	5	↔	10	↔		
TOTAL CLAIMS	8		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↔		
TOTAL DEP.				↔		
TOTAL CLAIMS				↔		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY